0	SAMHSA-HRSA CENTER for INTEGRATED	
	HEALTH SOLUTIONS	
	Discussion of BHICA Results	
	West Regional Meeting	
<i>XSAMHSA</i> HRS	integration.samhsa.gov	
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Purpose		
To discuss comm results.	on issues that arose from the BHICA	
 To address these 	issues using TTA goals from	
quarterly and any	additional new goals.	
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	the Behavioral Health	
Integration Ca (BHICA)	pacity Assessment	
Evaluates behavioral health organizations in their ability to implement fully integrated care		

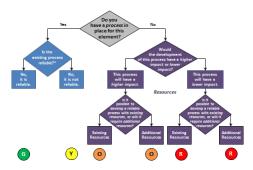
 Examines each of three potential approaches: coordinated care, co-locate, build capacity in-house

Inform Training and Technical Assistance (TTA) goals

XSAMHSA HRSA

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The	majority	of BHICA	items	are	coded
into	4 catego	ories:			



BHICA Categories:

Green

There is a process in place and it is reliable

Yellov

There is a process in place and it is not reliable

Orange

There is no a process in place and it will have a higher impact

Dod

There is no process in place and it will have a lower impact

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BHICA Results

- 53 of 72 agencies completed the BHICA
- 10 out of 11 agencies in the West completed the BHICA

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BHICA Discussion By Section	
Section 2: Assessing Your Infrastructure	
Section 3: Screening and Identification of Population	
Section 4: Assessing Optimal Integration	
Section 5: Financing Integration	
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Section 2.1: Capacity to Collect Data, Exchange Information and Monitor Population Health	
The highest and lowest percent of green responses:	
able to manage chronic conditions in the EHR?	
use an electronic health record (EHR)?	
securely exchange individuals' information with other practices? generate clinical care and recovery oriented	
service reports for each individual? Is the EHR able to interface with systems	
outside of the organization? participate in a secure, shared electronic messaging service?	
Section 2.2: Progress and Outcome Tracking	
The highest and lowest percent of green responses:	
use individual-level data to determine kind of improvements?	
track individual changes in behavioral health outcomes? 75%	
track medication adjustments or changes?	
track provider satisfaction measures? 38% track communication of results to individuals	
and follow-up? track measures of self-reported health outcomes?	
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Section 2.3 & 2.4: Comn Connection with Commu		
The highest and lowest percent of	f green responses:	
offer wellness programs?	100%	
Are HIPAA provisions and consents for sharing protected information in place?	100%	
promote engaging in self-management support?	88%	
Is there a system to involve individual and families in ongoing treatment?	50%	
communicate with individuals/families about progress towards treatment/recovery goals?	50%	
communicate with individuals and/or families about missed appointments?	38%	
		-
Section 2.5: Leadership a	and Staff Engagement	
The highest and lowest percent of		
responses:		
Leaders recognize the need to train the current workforce to meet the needs of the individuals and organization.	100%	
identifies staff training needs for individuals and teams.	100%	
Moving towards integrated care is a key component of the organization's strategic plan.	100%	
offers ongoing primary care education for behavioral health providers to enhance mutual understanding and knowledge.	60%	
has a means for providers to systematically learn from each other.	60%	
meets identified training needs.	40%	
Section 3: Screening and Population	Identification of	
The highest and lowest percent of	green responses:	
Is a staff member assigned to interpret data from completed screenings?	100%	
Are screening data readily available to inform an individual's care?	88%	
Is a staff member assigned to administer a comprehensive intake assessment?	88%	
If you do not provide SUD services, do you use the SBIRT approach?	50%	
identify which individuals appear to have the most complex care needs?	43%	
Do individuals receive the results of the screening tests?	43%	

Section 4.1: Care Coordination The highest and lowest percent of green responses:have an informed consent process?talk with individuals about the release of their information when making a referral? ... share medication lists or formularies across ...track referrals made for individuals without a current primary care provider? ...have a trigger for providers to ask about specific services? ... follow up on referrals to community organizations? 25% Section 4.2 & 4.3: Co-location and In-House **Primary Care** The highest and lowest percent of green responses: Is there someone that assists individuals in managing medical conditions and related psychosocial problems more effectively? Is there someone who assists individuals in accessing an array of services in/outside of the organization? Do BH and PC providers meet regularly to discuss individuals' cases? Is there central coordination of scheduling between behavioral health and primary care? ...offer on-site pharmacy services? 20% Are individuals' treatment plans for BH and PC integrated, available to all providers on the team? **Section 5: Financing Integration** The highest and lowest percent of green responses: Are appropriate billing codes used by the practice staff as available? Does the practice currently participate in integration-related activities that are not billable? Has the practice identified a funding stream for each integration-related billable activity? ... aware of any relevant Medicaid waivers received by your state? ...have a relationship with a hospital or health system that is participating in an Accountable Care Organization (ACO)? ...engaged with payers in related demonstrations?

Meet as a Team	
What resonated with you?	
What ideas do you hope to implement?	
Which other organizations are doing something that you want to replicate?	
Did the conversation inspire you to add a new TTA goal?	
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Whole-Group Discussion	
What resonated with your team?	
What ideas does your team hope to implement?	
Which other organizations are doing something that your team wants to replicate?	
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